

NOV 26 2003

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**Alexandria, Virginia 22313-1450**  
 or **Fax** (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  
 7590 10/01/2003

Steven C. Petersen  
 Hogan & Hartson LLP  
 One Tabor Center  
 1200 17th Street Suite 1500  
 Denver, CO 80202



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signatures)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/832,517	04/09/2001	Victor D. Dolecek	P9530	1193

TITLE OF INVENTION: SYSTEM FOR THE PRODUCTION OF AUTOLOGOUS PLATELET GEL USEFUL FOR THE DELIVERY OF MEDICINAL AND GENETIC AGENTS. *THROMBIN*

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
REIFSNYDER, DAVID A	1723	210-512100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Steven C. Petersen  
 2 Sarah O'Rourke  
 3 Hogan & Hartson LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medtronic, Inc.

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1123 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*Sarah O'Rourke* Nov. 25, 2003  
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

12/03/2003 WASFAW2 00000117 09832517

01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



PATENT  
EXPRESS MAIL NO. EV 322526834 US  
Attorney Docket No. P9530  
Client/Matter No. 46234.0085.000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	)	Group Art Unit: 1723
Victor D. Dolecek	)	
	)	Examiner: David A. Reifsnyder
Serial No. 09/832,517	)	
	)	Notice of Allowance dated:
Filed: April 9, 2001	)	October 1, 2003
	)	
For: SYSTEM FOR THE	)	
PRODUCTION OF AN	)	
AUTOLOGOUS THROMBIN	)	

TRANSMITTAL OF ISSUE FEE


MAIL STOP ISSUE FEE  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance and Issue Fee Due dated October 1, 2003, please find enclosed the following documents:

1. Issue Fee Transmittal Form PTOL-85B (Rev. 08/03);
2. Check in the amount of \$1,660 (\$1,330 issue fee, \$300 publication fee plus \$30 for advance order of 10 patent copies);
3. Statement regarding correction of patent title;
4. Certificate of Express Mailing; and
5. Return postcard.

Date Nov. 25, 2003

  
Sarah S. O'Rourke, Reg. No. 41,226  
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PATENT  
EXPRESS MAIL NO. EV 322526834 US  
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For: SYSTEM FOR THE PRODUCTION	)	
<u>OF AN AUTOLOGOUS THROMBIN</u>	)	

CERTIFICATE OF MAILING BY EXPRESS MAIL

MAIL STOP ISSUE FEE  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

The undersigned hereby certifies that the following documents:

1. Transmittal of Issue Fee;
2. Issue Fee Transmittal Form PTOL-85B (Rev. 8/03);
3. Check in the amount of \$ 1,660 (\$1330 issue fee, \$300 publication fee plus \$30 for advance order of 10 patent copies);
4. Statement regarding correction of patent title;
5. Certificate of Mailing by Express Mail; and
6. Return postcard

relating to the above application, were deposited as "Express Mail," Mailing Label No. EV 322526834 US with the United States Postal Service, addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Nov. 25, 2003  
Date

*Sarah S. O'Rourke*  
Mailer

Nov. 25, 2003  
Date

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